

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015709

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 662

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0397

2 0397

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Springfield Length of stay in lb 3 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Spfld. Bapt. Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene

c. CITY OR TOWN Springfield Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3006 W. Madison Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
SILAS ELBERT PERSINGER

4. DATE OF DEATH Month Day Year
MAY 2, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3/22/1934 29
9. AGE (last birthday) 29
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Dayton Rubber Co.

10b. KIND OF BUSINESS OR INDUSTRY
Dayton Rub. Co.

11. BIRTHPLACE (City and state or country)
Cedar Creek, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Frank Persinger

13b. MOTHER'S MAIDEN NAME
Edith Justis

14. NAME OF HUSBAND OR WIFE
Annie Persinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes Korean War

16. SOCIAL SECURITY NO.

17. INFORMANT 3006 W. Madison
Annie Persinger, Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

(1) Contusion, severe, left parietal area, skull, with encephalomalacia, severe.
(2) Fracture compound, tibia and fibula, right

INTERVAL BETWEEN ONSET AND DEATH
3 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

(3) Intra-abdominal and intra-thoracic injury suspected - both probable

PART III. If deceased was female, was pregnant at time of death?
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Auto - bus collision

20c. TIME OF INJURY Hour a.m. Month, Day, Year
5-2-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)
30 Street (Highway)

20f. CITY TOWN, OR LOCATION Springfield COUNTY Greene STATE Mo

21. I attended the deceased from 12 am 5/2/63 to 3:58 am 5/2/63 and last saw him alive on 5/2/63
Death occurred at 3:58 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
William W. Wood M.D.

22b. ADDRESS 1211 So. Bluestone
Springfield, Mo.

22c. DATE SIGNED
5/3/63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
5-7-1963

23c. NAME OF CEMETERY OR CREMATORY
National Cemetery

23d. LOCATION (City, town, or county)
Springfield, Missouri

24. FUNERAL DIRECTOR
Ralph Thieme, Springfield, Missouri

25. DATE RECD. BY LOCAL REG.
5-9-63

26. REGISTRAR'S SIGNATURE
Effie S. Melton

MAY 22 1963

JUN 19 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Appl. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit May 31, 1963